

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035012

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 124

STATE FILE NUMBER

FILED OCT 14 1963

|                     |  |   |   |  |
|---------------------|--|---|---|--|
| VS 300<br>Rev. 4/59 | DATE AMENDED   | 1. PLACE OF DEATH<br>a. COUNTY Barry  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Mo. b. COUNTY Barry |  |
| 10055               | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS<br>INSTEAD OF<br>DOCUMENT                             | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Monett   | Length of stay in 1b<br>20 yrs.   | c. CITY OR TOWN Monett   |
| 20055               |  | c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION St. Vincent Hospital                               | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | d. STREET ADDRESS (If outside, give location)<br>806 11th Street   |
| 3                   |  | 3. NAME OF DECEASED<br>(Type or print) Leonard C. St. Clair   |   | 4. DATE OF DEATH<br>Month 10 - Day 9 - Year 63   |
| 4 0                 |  | 5. SEX Male   | 6. COLOR OR RACE White  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>             |
| 5 1                 |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Railway Ice Company                | 10b. KIND OF BUSINESS OR INDUSTRY Employee  | 8. DATE OF BIRTH 8/18/15   |
| 6                   |  | 11. BIRTHPLACE (City and state or country) Day, Missouri  |   | 9. AGE (last birthday) 48  |
| 7 0                 |  | 12. CITIZEN OF WHAT COUNTRY USA   |   | IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 8 2                 |  | 13a. FATHER'S NAME James St. Clair  | 13b. MOTHER'S MAIDEN NAME Lillian Evans   | 14. NAME OF HUSBAND OR WIFE Dorothy St. Clair  |
| 9/63X               |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II                |   | 16. SOCIAL SECURITY NO. [redacted]   |
| 10                  |  | 17. INFORMANT Mrs. Leonard St. Clair, Monett, Mo.   |   | Address  |
| 11                  |  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Carcinoma of lung       |   | INTERVAL BETWEEN ONSET AND DEATH 4 mo.   |
| 12-0                |  | Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |   | DUE TO (b) DUE TO (c)  |
| 13 20               |  | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|                     | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>                         | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                          |  |
|                     | 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                            |   |  |
|                     | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)       | 20f. CITY, TOWN, OR LOCATION  | COUNTY  | STATE  |
|                     | 21. I attended the deceased from 10-8-63 to 10-9-63 and last saw him alive on 10-9-63          |   | Death occurred at 9:45 a. m on the date stated above, and to the best of my knowledge, from the causes stated.        |  |
|                     | 22a. SIGNATURE J. D. Buchanan M.D.   | 22b. ADDRESS Monett, Mo.  | 22c. DATE SIGNED 10-10-63   |  |
|                     | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 23b. DATE 10/11/63  | 23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetery  | 23d. LOCATION (City, town, or county) Monett, Missouri   |
|                     | 24. FUNERAL DIRECTOR J. D. Buchanan, Monett, Mo.   | 25. DATE RECD. BY LOCAL REG. 10-10-63   | 26. REGISTRAR'S SIGNATURE Mrs. P. M. Cook   |  |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

OCT 15 1963

OCT 18 1963

OCT 21 1963

NOV 1 1963

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12-2  
12-2

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*J. R. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.